MESSAGE FROM THE CHAIRMAN: SO MUCH FOR WHICH TO BE THANKFUL

-SCOTT T. REEVES, MD, MBA

I love this time of year. December is a great month as Thanksgiving has just ended, and Cathy is busy decorating the house for Christmas. With two young grandchildren, the season is magical.

We are also approaching the end of resident interview season. This year, many of our applicants have asked me, “What are you most proud of…?” The answer is really simple. I am most proud of our people. As I look back on 2019, together we have truly done and been a part of some amazing things.

Daily, we are there for each other. Whether it is hunkering down for Hurricane Dorian, competing at our annual faculty/resident bowling competition, dancing to the Induction Agents, having fun as Women in Anesthesia, chasing our children at the departmental RiverDogs event, or simply assisting in room set-up, we enjoy being together.

As individuals within the department, we give back through our charity initiatives with the Day of Caring, Toys for Tots, providing meals at the Ronald McDonald house, and training a new generation of anesthesiologists in Guyana.

We have all witnessed remarkable growth this year in faculty, CRNAs, and the creation of a new fellowship in pediatric anesthesiology. We have entered (Keith Summey Medical Pavilion) or will soon open (Shawn Jenkins Children’s Hospital and Pearl Tourville Women’s Pavilion, the West Ashley Campus, and the East Cooper Ambulatory Surgical Center). Charleston has been named the best small city in the United States for the 10th year in a row, and this year we were named the best small city in the world to visit.

As we progress through December, I would encourage us all to try to slow down and enjoy our work and home families. Spend some time reflecting on 2019. I think you will all agree, it was an amazing year.

Have a Merry Christmas, and I look forward to entering the New Year together.
ANNUAL HOLIDAY PARTY WITH THE INDUCTION AGENTS!

Join us for the Annual Holiday Party festivities on Saturday, December 7th at the Carolina Yacht Club! U.S. Marines will pick up our Toys for Tots donations, so please be sure to bring your unwrapped toys to the party! Stellar entertainment will once again be provided by our very own Induction Agents. See you there!

NEW CRNA EDUCATOR

Ray White, CRNA, has accepted the role of CRNA Educator for our CRNA groups. He will be working with Dennis McKenna to transition into the role in the upcoming weeks and will join our department Equipment Task Force. Please congratulate Ray on this new role!

Congratulations
As part of our ongoing work to improve patient safety through the application of human factors and system engineering, Dr. Ken Catchpole and I organized a panel discussion on surgical instrument reprocessing at the 63rd Annual Meeting of the Human Factors and Ergonomics Society (HFES) in Seattle from October 28th – November 1st. During the panel, we shared lessons learned from our work at MUSC examining surgical instrument reprocessing systems (i.e., sterile processing). This is a particular timely topic given the national effort to reduce hospital-associated infections and increased scrutiny of sterile processing departments. The panel also included a human factors professor from Arizona State University and a human factors practitioner from Carillion Health, who have led quality improvement projects in sterile processing. It was very valuable to hear from fellow researchers and practitioners about the challenges other hospitals faced in reprocessing instruments and how they have been successful in improving the reliability of the process. We are already leveraging information gathered at the conference to support MUSC’s transition of sterile processing services offsite to the Consolidated Service Center.

Melanie Rubin, the department’s former research assistant and current MUSC medical student, presented a research poster entitled “Instillation of Povidone-Iodine Ophthalmic Solution onto the Eye Surface Causes a Decrease in Respiratory Rate in Spontaneously Breathing Children Under General Anesthesia Undergoing Strabismus Surgery.” Other authors of the poster include Drs. Michelle Rovner, Christopher Heine, Tracy Wester, Cory Furse, and Bethany Wolf, PhD.
SHAWN JENKINS CHILDREN’S HOSPITAL OPENS DECEMBER 14, 2019
BY MARC HASSID, MD

MUSC Shawn Jenkins Children's Hospital & Pearl Tourville Women’s Pavilion is scheduled to open on December 14, 2019. Once the hospital is open, the process of moving patients can begin. The move will involve transporting an estimated 200 patients, 20 or more transport vehicles, multiple routes of travel, and road closures. The goal is to complete this on December 14th during the day shift. While the move is underway, pediatric anesthesia coverage will encompass both the Main University Hospital and Shawn Jenkins Children’s Hospital.

As quickly as this new facility comes on-line, we will need to adopt new nomenclature. The current “children’s hospital” (CH) will be renamed the “University Hospital Extension” (EH). For example: during fire drills, instead of hearing “Code Red – Children’s Hospital – Fifth floor,” we should start to hear “Code Red – University Hospital Extension – Fifth floor.” The new children’s and women’s hospital will be known as MUSC Shawn Jenkins Children’s Hospital and should be referred to as “Shawn Jenkins” when identifying the building for emergency team purposes for children’s and women’s, and not “Children’s Hospital.”

The new address is 10 McClennan Banks Drive, Charleston, SC 29425.
SPINAL CORD STIMULATOR (SCS) CADAVER LAB
BY GABE HILLEGASS, MD

November 9, 2019 - MUSC SCS Mobile Cadaver Lab
Hosted by Medtronic, Charleston, SC

The first spinal cord stimulator (SCS) cadaver lab at MUSC was made possible by MUSC's strategic partnership with Medtronic. This five-year, value-based health care partnership has a focus on acute conditions, chronic diseases and education. Drs. Meron Selassie and Gabe Hillegass collaborated with the local Medtronic clinical support team to develop this unique hands-on learning experience for our residents and physician assistant. The mobile training lab is located within two modified trailers with a 1,000-square-foot lab and an 800-square-foot conference center. The laboratory contains operating room lights and six patient tables to teach physicians how to implant spine products. We utilized two stations where the trainees were able to receive small group instruction on the critical steps of SCS implantation including epidural needle placement, lead steering, tunneling and wound closure. Additionally, there was a radiofrequency ablation demonstration in which lesions were created in a chicken breast under direct visualization. This allowed attendees to appreciate the size and shape of the lesions using different ablation parameters. The success of this educational event reflects the shared vision of the MUSC and Medtronic partnership to improve healthcare through innovation and education.
TOYS FOR TOTS HOLIDAY DRIVE

This year, the department will again collect toys for the Marine Corps Toys for Tots Foundation. Please bring your unwrapped toys to the Holiday Party on Saturday, Dec. 7, 2019, where they will be collected by U.S. Marines! Thank you in advance for your kindness and generosity!

HOLIDAY DOOR DECORATING CONTEST

Dr. Reeves would like to invite the department to participate in the annual Holiday Door Decorating Contest! While in the holiday spirit, you can decorate your office door or a shared door (ex: resident library door, on-call rooms, etc.) in any fashion you’d like. The doors will be judged on Monday, December 16, 2019. There will be a prize for the winning door! Please email Jackie Fisher if you plan to participate in the contest so that we have a list of doors for judging. Here are the 1st and 2nd place winners from 2018!
WELCOME TO THE DEPARTMENT

Katelyn Mistretta, MSN, CRNA, graduated with a BSN from the State University of New York at Plattsburgh in 2010. She established her practice in the CTICU and CICU before attending Barry University’s Nurse Anesthesia Program (FL). Upon graduation, Katelyn accepted a practice with Hershey Penn State Medical Center for 3.5 years prior to transferring to the Anesthesia team at MUSC. Katelyn’s family has been in Charleston for several years, and she and her husband are excited to raise their daughter here. Katelyn and her family live on James Island and love the beach!

Emily Long, MSNA, CRNA, is a 2016 graduate from the Anesthesia for Nurses Program at MUSC. Prior to starting at MUSC in October of this year, Emily had an anesthesia practice with Trident Anesthesia Group in North Charleston. Emily is a long-time resident of the Charleston area. She attended the College of Charleston for her undergraduate degree in Biology and Masters Degree in Environmental Studies. Emily worked for a local non-profit group before attending nursing school at MUSC in 2009. Upon graduation, she developed her critical care skills in the MICU at Palmetto Health Richland in Columbia. Emily is excited to be back at MUSC and is looking forward to being part of the anesthesia team!

Rachelle McLees is a new CRNA joining the anesthesia team at ART. She graduated from the University of Tennessee Nurse Anesthesia Program. She worked for quite a few years at UT Medical Center—a Level I Trauma Center and Academic Training Center similar to MUSC. Rachelle is happy to be back at a teaching hospital that operates on the cutting edge of medical training and research. She enjoys fishing and visiting with family and friends.

Meghan Ciccarelli recently joined the team at ART from Trident Medical Center. She has lived in Charleston for 11 years and has been practicing as a CRNA since 2013. Meghan, her husband, and their two sons live on Johns Island. She is thrilled to be joining the team at MUSC and looks forward to a fulfilling career going forward.
DEPARTMENT EVENTS

Congratulations to Dr. Horst Rieke on receiving United States Citizenship! Dr. Reike was among the more than 750,000 people who completed the process of naturalization to become U.S. Citizens this year.

Congratulations!

NEW BABY IN THE DEPARTMENT

Congratulations to anesthesia technician Margaret Young and family as they welcome Paris S. Bolton to the world. Paris was born on November 9, 2019 weighing in at 7 pounds, 3 ounces!

10 YEAR SERVICE AWARD

Administrative Assistant Kim Pompey recently received recognition for 10 years of service to MUSC! Congratulations, Kim!

Congratulations! NICE GOING! GREAT! Way to Go! Yea! FELICITATIONS CHEERS Take A BOW! BEST WISHES!
POST DURAL PUNCTURE HEADACHE—CLINICAL PATHWAY

POST DURAL PUNCTURE HEADACHE (PDHP): CLINICAL PATHWAY

Physical location for assessment of PDHP patients:

OB Patients: Triage room on L&D, ED at UH/SJCH or post-partum room
Non-OB patients: In-patient room or ED at UH
Patients with PDHP who show up at ART Chest pain center ED:

OB patients will be directed to L&D
Non-OB patients: ED at UH

Anesthesia Team coverage

6:30AM - 3:30PM
SJCH:
OB anesthesia team.
If OB team is busy, then the ART RAPS team
UH
RAPS team

3:30PM - 6:30AM: In-house call team at both locations

Assessment

• EPIC consult documentation
• Baseline vitals
• Confirm PDHP
• Postural
• Bilateral
• Ass. Symptoms
• IMPORTANT to discuss with Attending
• A/P to be documented on EPIC consultation

Once confirmed that it is a PDHP, you could offer the patient either conservative or definitive management.

Mild: Conservative Management. Consider any of the following options as you think appropriate

• Intravenous/oral hydration
• NSAIDS
• SINGLE dose caffeine benzoate (popular choice)
  • P.O. 300 mg OR
  • I.V. 500 mg in 1L crystalloid over 1-2 hrs
  • Caffeine contraindicated in patients with h/o seizures/PIH/Preeclampsia
  • Caffeine has a long half-life of 5-8 hrs
• ACTH/cosyntropin 0.25–0.75 mg over 4–8 h IV once OR 1 mg IM once) – Avoid in patients with Diabetes (shown to be useful)
• Methylergonovine 0.25 mg PO TID for 24 h, if efficacious repeated for 48 more hrs.
• Gabapentin 200 mg PO once followed by 100–300 mg PO TID; 300 mg PO TID—may be sedating. Check with lactation consultant if pt is breast feeding
POST DURAL PUNCTURE HEADACHE—CLINICAL PATHWAY CONT...

- Pregabalin 150 mg PO daily for 3 days, then 300 mg PO daily for 2 days; 100 mg PO daily may be
  sedating. Check with lactation consult if pt is breast feeding
- Neostigmine 20 mcg/kg + atropine 10 mcg/kg in 20 cc saline x 2 doses 8 hours apart
- Nerve Blocks:
  - Occipital nerve blocks: Greater and lesser: 2 mL 0.5% bupivacaine; OR 4 mL 0.25%
    levobupivacaine; OR 2 mL dexamethasone (6.6 mg) with 2 mL 1% lidocaine; OR 4 mL 0.25%
    bupivacaine with triamcinolone 20 mg
  - Sphenopalatine nerve blocks (Intranasal): 1 cotton-tip applicator soaked with 5%
    water-soluble
    lidocaine per nare; OR 1 cotton-tip applicator soaked with 4% lidocaine ointment per nare.
  Multiple blocks may be needed
  No relief with above or recurrence of symptoms: Definitive treatment is
  autologous blood patch

Severe: Definitive management - Autologous Blood Patch

- Signed Informed Consent (risks/benefits explained)
- Inform attending anesthesiologist
- Procedure to be documented on anesthesia record
- Establishment of intravenous access
- Ensure the PDPH bag is available (anesthesia workroom at UH and SJCH)
- Monitors
  - NIBP, Pulse ox
- Procedure
  - Sitting or lateral
  - Sterile technique for epidural and blood draw
  - 2 person procedure: Ideally the senior should do the epidural tho sometimes the IV stick is
    the tough part. Occasionally a single arterial stick may need to be performed to get blood
  - Point of epidural placement: at or below the lowest attempt visible on the patients back or
    per previous procedure notes
  - Use 10 cc syringes to draw blood. Draw 20 cc of patients blood
  - Volume to be injected into the epidural space: Stop at Max 20 cc OR whenever the patient
    complains of discomfort/fullness in the back – whichever comes first.

Post-procedure Instructions

- Vitals q 15 mins X 2 hrs
- Assessment of lower extremity sensory/motor strength 15 mins X 2 hrs
- Lie supine with pillow under knees X 2 hrs

Discharge Instructions

- Can be discharged 2-3 hours following procedure
- No strenuous activity for 1 week following ABP
- Prescribestoolsofteners
- Consider Fioricet (butalbital 50mg/acetaminophen 325mg/caffeine 40 mg) prn if mild headache persists
- Telephone number of resource to be contacted if problems recur (SJCH: On-call OB resident pager number
  or phone number; UH: senior resident on call pager number )
- HPDPh was secondary to a SAB, patient needs to be counseled about the possibility of recurrence of headache
  with future SAB.

Autologous Blood Patch NOT TO BE REPEATED MORE THAN TWO TIMES. IF HEADACHE PERSISTS, THE
DIAGNOSIS OF PDPH SHOULD BE QUESTIONED.

Bibliography:
Anesth Analg 2017;124:1219–28
UJOA 2010; 19: 422-430
PATIENT SAFETY NEWS

PATIENT SAFETY
Children's & Women's Quality & Safety
September 2019 SafetENews

ALARIS PUMP UPGRADE
A bezel in our IV pumps has been recalled due to the potential to cause free flow, over infusion, under infusion or interruption of infusion and our pump software is 2 versions old. Alaris is at MUSC for 2 months to upgrade our pumps. Please click here for more info!

NURSE DRIVEN CENTRAL LINE FLUSHES
IV Flush Order Sets for Adult and Pediatric patients with central lines are Nursing Standing Orders to improve patient safety, workflow efficiency, and charging on administration through documentation. They can be ordered inpatient and outpatient.

60 ML SYRINGE CHANGES
All 60 mL BD syringes will NO longer extend beyond 50 mL. This will impact IV, oral and enteral syringes. The product will be labeled as 50 mL syringe globally instead of 60 mL.

SJCH PTWP MOVE UPDATES
New address: 10 McClellan Banks Drive Charleston, SC 29425
When is the move? Saturday, October 12. Detailed plans are forming around the move. Ask your manager for more info.
What outpatient clinics will be moving to the new hospital?
  - Advanced Fetal Care Center
  - Audiology
  - Burn Clinic
  - Child Abuse Clinic
  - Heme/Onc Clinic, including infusion
  - 2 new clinics! ENT and Neurosurgery
PATIENT SAFETY NEWS CONTINUED...

EXPIRATION DATES ON MEDICATION LABELS

Per the current national standards, the expiration date and time on the label really means that the infusion or dose needs to be started by that time. The infusion can then be continued until it is completed, needs to be changed per policy (see C075) or as laid out in unit specific guidelines!

- **Intermittent infusion** (i.e. every 8 hour ranitidine or every 12 hour antibiotic)

IF Current date/time: 8/17/2018 at 2300 = Start infusion
IF Current date/time: 8/17/2018 at 2335 = return to pharmacy and request a new dose

- **Continuous Infusion** (i.e. MIVF, art line flush, replacement fluids, etc)

IF current date/time: 8/20/2018 at 1500 = start infusion and follow policy for when to change. If started at 1500, bag does NOT need to be changed at 17:14.
IF current date/time: 8/20/2018 at 1720 = return to pharmacy and request a new bag

WHAT THE HEEL?

Recently, patients in the children's hospital have had pressure injuries on their heels.

If your patient is unable to move lower extremities independently and are at risk for pressure inures on their heels, order heel lift foam boots from central supply. Click here for more info.

#BEASTMODE
David Bundy & his daughter 19,341 feet up on Mount Kilimanjaro

CH & W SafetENews
PATIENT SAFETY NEWS CONTINUED...

SERIOUS HARM EVENTS IN THE CHILDREN'S HOSPITAL

INFECTION PREVENTION DASHBOARD!

Want to know how long it has been since your unit has had a hospital-acquired infection? Click here to browse the new infection prevention dashboard.

RISK MANAGEMENT DASHBOARD

Click here to see the breakdown of PSIs for your area. Who is reporting, your harm rate comparison, etc.

INPATIENT SPECIMEN COLLECTION

Specimen collection identification MUST be done in Epic for every lab draw. Click for the tip sheet. July 1, if collection ID info is missing specimens may be rejected.

CENTERLINE SHIFT FOR PEDS HEME/ONC CLABSI!!

7B had a centerline shift (down, in the right direction...meaning 8 points below our prior centerline) in CLABSI (MBI + non-MBI). That means there was a $275,000 reduction in direct attributable CLABSI cost & ~1 life saved (5 less CLABSI from the year prior...6 in FY18 compared to 1 in FY19). Huge thanks to all who have worked on this to make care safer for the kiddos!!! Huge amount of work here!!

Special shout out to Jessica Howard for all of her hardwork and leadership!

September 2019
PATIENT SAFETY NEWS CONTINUED...

What? Our Safety Coaches have started a new reporting system called Learning from Excellence (LFE) and is focusing on Safety II. Reports are submitted when things go right and we will study them much like things that go wrong to create new opportunities for learning and improving team resilience.

Event: A mom had just learned her 3yo son had a brain tumor, two of them. Dr. entered the room to give an update on the repeat MRI and the plan. He asked the mother first if he could speak freely in the room or if they should step outside. After she gave permission to speak freely, he bent down on his knees and spoke directly to the patient in a way he could understand, not using big scary medical words. The pt was immediately put at ease and despite being told he had to be admitted and have surgery, when he heard Dr. say, "We’re going to take good care of you buddy," his face lit up with a smile.

What do we hope to learn? Taking the time to involve the patient is important and necessary!

10 WAYS YOU CAN PROVIDE SAFER CARE!

1. Become a safety coach! If interested, sign up in MyQuest, search "Safety Coach." Next training 11/4 8-12
2. Review k-cards on the unit applicable to my patient. Click to get to k-cards.
3. Review videos, webinars, bundles, podcasts & other resources on SPS site. Click to go there.
4. Read "Managing the Unexpected" by Sutcliffe & Weick which focuses on high reliability principles
5. Make a personal & team commitment to safety (if you see something, say something)
6. Attend CHER...next session is 10/3/19 12-1pm
7. Know your unit data...when was your last hospital-acquired condition? Which patient? Questions?? Contact us! spsmsuc@msu.edu
8. Practice Safety Behaviors: ARCC, STAR, QVV
9. Read the daily "safely speaking" emails
10. Report safety concerns including near misses. PSI desktop/Epic link, MD connect, 6-ALTR. For employee harm; ACORD form.

WHO IS MY SAFETY COACH?
PED: Jennifer Hanna, Currina Stone, Missi Firth, Caryn Phillips, Marybeth Furman
Child Life: Lacey Reeves
7A: Arien Rannigan, Mandy Atkinson, Rae Coleman
7B: Jessica LaChance, Ashley Barnes
7E: Julia Hoffman
7C: Patricia Pruse
NICU: Paulette Headden
8SCN: Mihaela Moldovan
5SCN: Sabrina Phelps
8D same day/clinic: Hadasah Little
PCICU/cath lab: Ashley Gardner, John Manna, Jeni Helmly, Joy Ross
Clinics: Lindsey Loth, Keri Walker, Kate Putt, Sandra Buck
L&D: April Slagle, Romina McCandless
5E: (mother/baby): Nancy Couch, Katy Decker
5W: (antepartum/OYN): Haley Jaganwali
Peds holding/PPA: Jaron Jason
IOP: Terri Thompson, Kara Alston, Gina Skrobola, Whitley Richardson, Carrie Laird, Rochelle Jennings
RT: Ashley Crabtree
IP: Michelle Zapanta
PFCC: Caroline Delongchamps, Kelly Loyd

PODCASTS WORTH A LISTEN

Sound & Health
Click to listen
2 crashes, a single jet
Click to listen
Second Victims & 5 stages of healing
Click to listen
JAMA Performance Improvement
Click to listen
Car Crash vs. Plane Crash Hospitals
Click to listen
Apologetical. Click to listen

CH & W SafetENews
PATIENT SAFETY NEWS CONTINUED...

SAFETY STAR QUIZ

1. If your patient is at risk for a heel pressure injury, what should you do?
2. How many CLABSiS have we had so far in 2019?
3. How do you order flushes if your patient has a central line?
4. What are the 7 things that families care about most?
5. What is PI-BERT for and how do you activate the team?
Send your answers to spsmusc@musc.edu and the first person to submit correct answers will win a prize!
GRAND ROUNDS FOR THE MONTH OF DECEMBER

“E.C.M.O.”
December 3, 2019
Hannah Bell, MD, Assistant Professor
Dept. of Anesthesia & Perioperative Medicine
Medical University of South Carolina

“Morbidity & Mortality Conference”
December 10, 2019
Clark Sealy, MD, Chief Resident
David Stoll, MD, Associate Professor
Bernard Velardo, MD, Associate Professor
Dept. of Anesthesia & Perioperative Medicine
Medical University of South Carolina

“Lecture Title TBD”
December 17, 2019
Omonole Nwokolo, MD, Associate Professor
Department of Anesthesiology
The University of Texas Health Science Center

December 24, 2019
No Lecture—Happy Holidays!
We Would Love to Hear From You!

If you have ideas or would like to contribute to Sleepy Times, the deadline for the January edition will be December 13, 2019.